courage clinical initiative, and would be potentially hazardous to patients and inflationary.

4. "Systems" failure may be as important or more important than "practitioner" failure if medical care is unacceptable with respect to access, quality and cost. We should focus on hospitals and systems before we focus on individual physicians and their individual patients.

5. An educational rather than a punitive approach is preferable if medicine is to maintain its professional traditions. Do we want to catch a few rascals, or do we want to improve medical care for all citizens?

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Treatment of Primary Breast Cancer: A Radiotherapist's View

This is how I would like to be treated when I get my carcinoma of the breast—and I am very likely to. My sister and my mother both died of carcinoma of the breast; hence my intense interest in it. On finding a lump, I would like to have mammography and thermography. I would not like anybody to rush me into any form of treatment. I would then like to have the lump excised and histologically examined by serial section to get a very good idea of the histological prognostic factors, because they are, in some cases, just as important as the clinical stage. One has to blend all the prognostic factors to get a good idea of what's going to happen to the individual patient.

After the histological examination, I would like to have metastasis excluded. I would like to have a bone scan in particular if my skeletal survey is negative, because I know of many patients whose disease showed up first in bone scan before there was obvious disease in the radiological films. Certainly this happens also in other diseases. This is not always true, but I would certainly have a bone scan if I had the least bit of discomfort anywhere in my body. I would like my doctors to consider all my other medical conditions, to evaluate my risks, my normal risks, if I didn't have that breast carcinoma. Also, I would like my doctors to inquire from me whether I had any fears of radiation, whether I had any fears of mutilation. I have many patients come, following mastectomy, who say to me, "I didn't mind the operation, but I feel like half a woman." I have had many complaints in this regard and my happiest patients are those who have had a local excision and radiation, regardless of what happens to them in the future. It's quality, not quantity, that matters. So I would like a decision made by a discussion among my physician, my surgeon, my radiotherapy consultant, but most particularly myself, because it's my body and I would like to be able to determine my risk if I have radiation, my risks if I have surgical operation, and all the possibilities that might ensue if I live 20 years. I probably won't, because I'm too old for that, but I would like to know all the possibilities. Many patients would not like to know this and they would not like to share in the decision, but I think there are many, many women who would but are afraid to tell their doctor. They don't get a chance to get past the barrier. Their doctor is up on a pedestal and they feel too meek and mild, but they come and tell me about it afterward.

—M. VERA PETERS, Senior Radiotherapist, *Toronto*
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